## RECEIVED CENTRAL FAX CENTER

## MAR 28 2005

**2**016/018

PTO/SB/22 (06-04)

Approved for use through 07/31/2005. OMB 0651-0031

U.S. Potent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the paperwork Reduction Act of 195, no persons are required to respond to a collection of information unless it displays a valid OMB control number

PETIT	ION	FOR EXTEN	SION OF TIME UNDER	Docket Number	Docket Number (Optional) 108075-00051							
Applica	ation N	lumber	09/811,587	Filed Marc	Filed March 20, 2001							
For	ME	D DNA GOHT	EVICE FOR CONTROLLIN	G DATA TRANSMI	SSION							
Art Un	i 266	3		Examiner	Christine Y. Ng							
This is	a req	uest under the	provisions of 37 CFR 1.130	5(a) to extend the p	eriod for filing a reply i	n the above identified application.						
The re	queste	ed extension a	nd fee are as follows (chec	k time period desire	d and onler the approp	oriate fee below):						
				<u>Fee</u>	Small Entity Fee							
		One month (	37 CFR 1.17(a)(1))	\$120	\$60	\$						
	$\boxtimes$	Two months	(37 CFR 1.17(a)(2))	\$450	\$225	\$ \$450						
		Three month	s (37 CFR 1.17(a)(3))	\$1020	\$510	\$						
		Four months	(37 CFR 1.17(a)(4))	\$1590	<b>\$</b> 795	\$						
		Five months	(37 CFR 1.17(a)(5))	\$2160	\$1080	\$						
	Applicant claims small entity status. See 37 CFR 1.27.											
	A check in the amount of the fee is enclosed.											
	Payment by credit card. Form PTO-2038 is attached.											
	The Director has already been authorized to charge fees in this application to a Deposit Account.											
	Dep	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>01-2300 (Referencing Docket No. 108075/00051</u> . I have enclosed a duplicate copy of this sheet.										
		WARNING: Information on this form may become public. Credit card information should not be included on this form.  Provide credit card information and authorization on PTO-2038.										
l am	the											
applicant/inventor.  assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).												
		$\boxtimes$	attorney or agent of re-	or agent of record. Registration Number 37,645								
			attorney or agent unde Registration nur		37 CFR 1.27							
	$\overline{}$	No				March 28, 2005						
		1 100	Signature		***************************************	Date						
			Marylee Jenkins			212-484-3928						
_			Typed or printed name			Telephone Number						
NOTE:	Signatu	res of all the inven	tors or assignees of record of the e	ntiro interest or their repr	esentative(s) are required. S	ubmit multiple forms II more than one						
signatur	e is req	uired, see below. Total of	1 forms a	ire submitted.	03/31/2005   01 FC+1252	BBONNER 00000012 09811587						

This collection of information is required by 37 CFR 1 36(a). The information is required to obtain or rotal a benefit by the process) on application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 8 minutes to complete, including gathering, und submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the Chiral Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patoms, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (12-04v2)
Approved for use through 07/31/2000, OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paneovork Reduction Act of 1996, no persons are required to respond to a collection of information unless it displays a valid OMB control numb  Effective on 12/08/2004.  Complete if Known									DIM .					
Fees pursuant to the		Application	Application Number 09/811,587					$\dashv$						
FEE	TRAN	ISMI	TTAL	Filing Date			ch 20, 2001			$\dashv$				
	For FY			First Name			hi SAKAI			_				
				Examiner		Christina Y. Ng								
Applicant ciai	ms small entity st	Art Unit		2663	·····			_						
TOTAL AMOUNT	OF PAYMENT	(\$)	200.00	Attorney D	ocket No.	108075-0	00051			<b>ブ</b>				
METHOD OF PA	YMENT (chec	k altibet a	naly)											
Check ✓ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):														
Deposit Account Deposit Account Number 01-2300 Deposit Account Name: ARENT FOX PLLC														
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)														
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee														
Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  Under 37 CFR 1.16 and 1.17														
WARNING: Informati	WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.													
FEE CALCULA										_				
1. BASIC FILING		ND EXAM	NATION FEES	3				·		_				
		NG FEES	SEA	ARCH FEES		MOITANIN	FEES	;						
Application Ty	pe Feet	<u>Small E</u> <b>£)</b>		<u>\$mall Ent</u> (\$) Fee (\$)		(\$) Small	Entity (\$)	Fe	es Paid (\$)	- 1				
Utility	300		500		200		• • •							
Design	200	100	100		130	-	5		,					
Plant	200	100	300	-	160	_ `	0							
Reissuc	300	150	500		600					- 1				
Provisional	200	100	(	) 0	(		0		*************************					
2. EXCESS CL	AIM FEES			_		_		Small I	<u>Entity</u>					
Fee Description	2 ver 20 (includir	Di.				5	ee (\$) 5()	Foo	<u>(\$)</u> :5					
	dent claim ove						200	10	-	1				
	endent claims	(					360	18	10					
Total Claims	Total Claims Extra Claims Fee (\$)						Multiple Depondent Claims							
	l or HP = ber of total claims p	aid for if grea	ter than 20.	<del></del>		<u> </u>	Fee (\$)	Fe	e Pald (\$)					
Indep, Claims		Claims		ee Paid (\$)					<del></del> ·	j				
	er of independent of			200.00										
3 APPLICATIO	N SIZE EEE													
If the specifica	tion and drawir	igs exceed	100 sheets of p	saper (exclud	ing electron	nically file	d sequ	ence or o	computer					
	ler 37 CFR 1.53 action thereof.					r Staart Gu	uty) 10	п саси ас	JOHN MAIN SU					
Total Sheets	Extra:	<u>Sheots</u>	Number of e	ach additiona	50 or fraction		<u>Fo</u>	<u>o (\$)</u>	Fee Paid (\$)					
4 OTHER 555	- 100 =	/5	U =	(round up	to a whole nu	iwpet) x		<u>-</u>		-				
4. OTHER FEE(S Non-English	5) Specification,	\$130 fee	(no small entir	y discount)					Foos Paid (S	<u>5)</u>				
· ·	ate filing surch		,							-				
						33/31/2	NS BRO	ards 2 St	1999 E 1999 E	557				
SUBMITTED BY				Registration	No.	82 FC-12	Malant	000 = ::		200 00				
Signature	16		<del></del>	(Attorney/Age	37,G45	02 FC:12								
Name (Print/Type) N	Narylee Jenking						Date	3/28/12	>=5	J				

This collection of information is required by 37 CFR 1 136. The information is required to obtain or retain a bornelit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U S C 122 and 37 CFR 1 14. This collection is estimated to take 30 minutes to complete, including gallburing, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form und/or suggestions for reducing Inis burden, should be sent to the Chief Information Officer, U.S. Patent and Frademark Office, U.S. Department of Commorce, F.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEFS OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and solect option 2